Piloting through uncertainty

Neel Kothari questions what piloting actually involves and what changes the Department of Health is hoping to assess and implement.

The current buzzword within NHS dentistry is piloting. Back in 2006, a lack of adequate piloting led to a flood of criticism for the turbulent installation of an untried and untested system. Despite reassurances from the Department of Health (DH) that the new system was fine and working, there has been a constant call for change from both within and outside our profession. It seems that while the previous system had been around for a few decades, this current one looks destined to be around for only a few years.

While scavenging through the dental press, I find that many different groups and organisations have praised the DH’s new-found enthusiasm for piloting, but nowhere can I find details of actually what this piloting involves and what changes the DH is hoping to assess and implement.

The Steele review provided a broad range of recommendations based on evidence gathered to help implement real change, but with Government coffers in deficit, it’s still not clear just how likely we are to actually implement change.

Wider options

The first wave of pilots is looking individual aspects of the Steele recommendations. The next wave will aim to trial a wider range of options to cover more areas of the Steele review, including increasing access to NHS dentists, introducing patient registration, measuring quality as well as quantity of treatment, and encouraging dentists to carry out more preventive work. As yet, we do not know whether the new Government will pilot just individual facets of a proposed ‘new’ new contract, or is willing to pilot the full working model before taking it nationwide; if so, when they envisage to realistically do so, is also in question.

Whenever I have friends round for dinner I always try and buy the very best ingredients to cook with, but that doesn’t mean I always get the right result’.

Look at the conclusions set by the review, I was glad to see recommendations for improving ‘quality’ as well as addressing issues with access. But the real debate on how we manage to make this work in practice still needs to be addressed. Den- tistry in the teens (2010-2019) is far more than what can be squeezed into three hands and as such there is still a mismatch between what our patients expect and what the NHS can deliver.

The extra mile

Rhetoric on improving quality, however, needs more than just piloting; it actually needs to be substantiated financially. In its evidence to the DDRB (Doctors and Dentists Review Body) this year relating to GDPs, the BDA had asked for an award of 3.8 per cent on contract values, fee scales and other appropriate allowances. This included a retrospective increase for last year’s award, which the BDA considered to be based on flawed assumptions. The DDRB did not accept the BDA’s argument that the award should be changed and as such the current uplift in pay remains at 0.9 per cent. Both the Depart- ment of Health in England and the Scottish Government Health Directorates have chosen not to adopt the full DDRB recommendations due to the current public sector spending constraints, given the state of the nation’s finances.

Although I am not surprised at this pay freeze, one has to question the efficacy of piloting changes that may never have the finances or political will to see the light of day. In my opinion, I do hope that some good can be learnt from the current batch of pilots, but when it comes to implementation, let us hope that next time the Government carries the profession along with it and ultimately treats working professionals as professionals.